

**EMBARGOED FOR RELEASE until December 22, 2015 – 5:00 PM (ET)**

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## **SCREENING MALE KIDNEY TRANSPLANT CANDIDATES FOR PROSTATE CANCER MAY DO MORE HARM THAN GOOD**

*Inexpensive test could help prevent kidney failure and early death*

### **Highlights**

- Among male kidney transplant candidates, prostate cancer screening was not associated with improved patient survival after transplantation.
- Screening increased the time to listing and transplantation for candidates under 70 years old with elevated prostate specific antigen levels.
- Compared with candidates who were not screened, screened candidates had a reduced likelihood of receiving a transplant regardless of their screening results.

*Screening recommendations for the early detection of prostate cancer are controversial.*

**Washington, DC (December 22, 2015)** — Screening male kidney transplant candidates for prostate cancer may be more harmful than protective because it does not appear to prolong their survival but may interfere with the transplant process. The findings come from a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN).

Screening for prostate cancer by assessing prostate specific antigen (PSA) levels is highly controversial because PSA levels may be elevated in a variety of disease processes. Also, even in the general population, the benefits of early treatment interventions for prostate cancer are unclear.

Currently, there are no guidelines for prostate cancer screening in patients with kidney disease who are undergoing evaluation for kidney transplantation; however, transplant centers generally rigorously screen candidates for potential malignancies to ensure that there are no contraindications to receiving a transplant.

For the first time, researchers now demonstrate that screening for prostate cancer in kidney transplant candidates is not beneficial, and may actually be harmful. When investigators led by Nicole Turgeon, MD, Blayne Amir Sayed, MD, PhD (Emory University), and Gerardo Vitiello, MD (NYU Langone Medical Center) retrospectively

analyzed information on 3782 male patients undergoing kidney transplant evaluations at a single transplant center during a 10-year period, they discovered the following:

- PSA screening was not associated with improved patient survival after transplantation.
- PSA screening increased the time to listing and transplantation for candidates under 70 years old whose PSA tests indicated elevated levels.
- Compared with candidates who were not screened, PSA-screened candidates had a reduced likelihood of receiving a transplant regardless of their PSA level.

“Screening for prostate cancer appears to delay receiving a kidney transplant without a clear survival benefit, and thus should likely be avoided as a general screening tool in the kidney transplant candidate population,” said Dr. Turgeon.

Study co-authors include Marla Wardenburg, MD, Sebastian Perez, MSPH, Christopher Keith, BS, Daniel Canter, MD, Kenneth Ogan, MD, and Thomas Pearson, MD.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Utility of Prostate Cancer Screening in Kidney Transplant Candidates,” will appear online at <http://jasn.asnjournals.org/> on December 22, 2015.

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